

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Delbert Hosemann
SECRETARY OF STATE

Name of Committee Committee to Elect Robert G. HARENSKI

Address P.O. Box 736 Biloxi, MS 39532

Telephone 228-243-5332 Fax 228-388-4439

Treasurer F. Cliff Kirkland Email HARENSKI.LAW@yahoo.com

☒ Check here if above is different from previous report



TYPE OF REPORT

- ☒ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010)..... Mandatory
- ☐ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010)..... Mandatory
- ☐ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010)..... Mandatory
- ☐ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010)..... Mandatory
- ☐ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010)..... Mandatory
- ☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)..... Runoff Candidates
- ☐ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010)..... Mandatory
- ☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Itemized + Non-Itemized =

This Period

Calendar
Year-To-Date

Total amount of contributions \$ 4,350⁰⁰ +\$

\$ 4,350⁰⁰

\$ 4,350⁰⁰

Total amount of disbursements \$ 0 +\$

\$

\$

\$ 0

Total amount of cash on hand

\$ 4,350⁰⁰

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

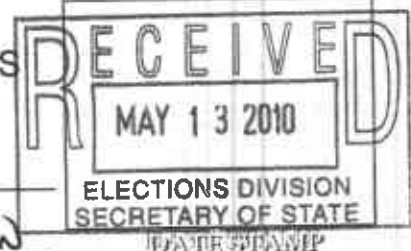
F. Cliff Kirkland
Signature of Director or Treasurer

5-10-10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Judicial Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election



Name of Candidate Robert G. Harenski
 Address PO Box 736 Bibb, MS 39533 County Harrison
 Telephone Work 228-243-5332 Home _____ Fax 228-388-4439
 Contact Name Robert G. Harenski Email Address HARENSKI.LAW@yahoo.com
 Office Sought Chancery Court Judge District 8 Place 2

☐ Check here if above is different from previous report

- ☒ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
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REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 4,350 +\$	\$ 4,350 ⁰⁰	\$ 4,350 ⁰⁰
Total amount of disbursements	\$ 2,104.53 \$ 0	\$ 2,104.53	\$ 2,104.53
Total amount of cash on hand	<u>Liquid Personal</u> \$ 4,350 ⁰⁰		

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Robert G. Harenski
Signature of Candidate

5-10-10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

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 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Robert Harsenki
 Reporting period JAN. 1, 2010 through April 30, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Arlene & Tom Wall</u>	<u>4/22/10</u>	\$ <u>200⁰⁰</u>
Mailing Address <u>2566 Spring Ridge Road</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Biloxi, MS 39531</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>Self employed</u>	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>Arlene - Realtor Tom - Property owner</u>	Aggregate year-to-date	\$ <u>200⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Thomas & Mona Carpenter</u>	<u>4/22/10</u>	\$ <u>200⁰⁰</u>
Mailing Address <u>1045 Pine Street</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Gulfport, MS 39507</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>Carr & Alison</u>	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>200⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tom & Dora Harvey Jr</u>	<u>4/22/10</u>	\$ <u>100⁰⁰</u>
Mailing Address <u>2354 Beauchene Drive</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Biloxi, MS 39532</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>Retired</u>	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>100⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dovel & Mary Boles</u>	<u>4/22/10</u>	\$ <u>150⁰⁰</u>
Mailing Address <u>540 Beach Blvd</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Biloxi, MS 39533</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>Retired</u>	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>Retired teacher</u>	Aggregate year-to-date	\$ <u>150⁰⁰</u>

Name of Candidate or Committee Robert G. HARENSKI
 Reporting period JAN 1, 2010 through APRIL 30, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bill & Jamie Schlicher</u>	<u>4/22/10</u>	<u>\$500⁰⁰</u>	
Mailing Address <u>4301 CHAUCEY COURT</u>	<u>1/1</u>	\$	
City, State, Zip Code <u>LIVERMORE, CA 94551</u>	<u>1/1</u>	\$	
Name of Employer (Required) <u>Aaiser Permanente</u>	<u>1/1</u>	\$	
Occupation (Required) <u>Computer Specialist</u>	Aggregate year-to-date	<u>\$500⁰⁰</u>	
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John & Jean Griffith</u>	<u>4/24/10</u>	<u>\$200⁰⁰</u>	
Mailing Address <u>2342 BEAN CHENE DRIVE</u>	<u>1/1</u>	\$	
City, State, Zip Code <u>BILOXI, MS 39532</u>	<u>1/1</u>	\$	
Name of Employer (Required) <u>CITY OF BILOXI</u>	<u>1/1</u>	\$	
Occupation (Required) <u>Council member</u>	Aggregate year-to-date	<u>\$200⁰⁰</u>	
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bernie Burkholder</u>	<u>4/22/10</u>	<u>\$200⁰⁰</u>	
Mailing Address <u>PO Box 4347</u>	<u>1/1</u>	\$	
City, State, Zip Code <u>BILOXI, MS 39535</u>	<u>1/1</u>	\$	
Name of Employer (Required) <u>SELF EMPLOYED</u>	<u>1/1</u>	\$	
Occupation (Required)	Aggregate year-to-date	<u>\$200⁰⁰</u>	
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Michael & ANN BRUFFEY</u>	<u>4/22/10</u>	<u>\$200⁰⁰</u>	
Mailing Address <u>1235 KENSINGTON DRIVE</u>	<u>1/1</u>	\$	
City, State, Zip Code <u>BILOXI, MS 39530</u>	<u>1/1</u>	\$	
Name of Employer (Required) <u>IP CASINO RESORT</u>	<u>1/1</u>	\$	
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$	

Name of Candidate or Committee Robert G. Harenski
 Reporting period Jan. 1, 2010 through April 30, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Kmy Wilkerson</u>		<u>4/22/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>PO Box 4105</u>		<u>1/1</u>	\$
City, State, Zip Code <u>Gulfport, MS 39502</u>		<u>1/1</u>	\$
Name of Employer (Required) <u>Constante Reporter self Employed</u>		<u>1/1</u>	\$
Occupation (Required) <u>Cost Reporter - attor Attorney</u>		Aggregate year-to-date	\$ <u>500⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Russell Bistle</u>		<u>3/19/10</u>	\$ <u>200⁰⁰</u>
Mailing Address <u>1707 Pass Rd.</u>		<u>1/1</u>	\$
City, State, Zip Code <u>Biloxi, MS 39532</u>		<u>1/1</u>	\$
Name of Employer (Required) <u>Pass Road Hardware</u>		<u>1/1</u>	\$
Occupation (Required) <u>owner</u>		Aggregate year-to-date	\$ <u>200⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>THOMAS & GINA LANSFORD</u>		<u>3/19/10</u>	\$ <u>100⁰⁰</u>
Mailing Address <u>310 Woodcrest Drive</u>		<u>1/1</u>	\$
City, State, Zip Code <u>Long Beach, MS 39560</u>		<u>1/1</u>	\$
Name of Employer (Required) <u>Univ. of Southern Mississippi</u>		<u>1/1</u>	\$
Occupation (Required) <u>Academic Dean</u>		Aggregate year-to-date	\$ <u>100⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Keith Pisarich</u>		<u>3/19/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>175-A Lamouse Street</u>		<u>1/1</u>	\$
City, State, Zip Code <u>Biloxi, MS 39533</u>		<u>1/1</u>	\$
Name of Employer (Required) <u>self-employed</u>		<u>1/1</u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>500⁰⁰</u>

Name of Candidate or Committee Robert G. Harenski
 Reporting period JAN. 1, 2010 through APRIL 30, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Patricia Mitchell</u>		<u>1/27/10</u>	\$ <u>1,000⁰⁰</u>
Mailing Address <u>615 East Scenic Drive</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Pasc Christian, MS 39576</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>Retired</u>		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tina Singletary</u>		<u>4/24/10</u>	\$ <u>300⁰⁰</u>
Mailing Address <u>177 Lamouse Street</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Biloxi MS 39533</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>Self-employed</u>		<u>1/1/</u>	\$
Occupation (Required) <u>Author</u>		Aggregate year-to-date	\$ <u>300⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/1/</u>	\$
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/1/</u>	\$
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Robert G. HarenskiReporting period January 1, 2010 through April 30, 2010

ITEMIZED DISBURSEMENTS

A. Full name <u>Shoughnessy Printing Co.</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>220 State Calaver Street</u>		<u>3/2/10</u>	\$ <u>345.61</u>
City, State, Zip Code <u>Biloxi, MS 39533</u>		<u>4/2/10</u>	\$ <u>1,171.92</u>
Purpose of Disbursement (Optional) <u>Announcements / Invitations</u>		Aggregate Year-to-date	\$ <u>1,517.53</u>
B. Full name <u>City of Biloxi</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>140 Lamouse Street</u>		<u>3/19/10</u>	\$ 200.00 <u>200.00</u>
City, State, Zip Code <u>Biloxi, MS 39530</u>		<u>1/1/10</u>	\$
Purpose of Disbursement (Optional) <u>Invitations Rental of Snyder Center</u>		Aggregate Year-to-date	\$ <u>200.00</u>
C. Full name <u>Biloxi Police Reserves</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>140 Lamouse ST</u>		<u>3/19/10</u>	\$ 120.00 <u>120.00</u>
City, State, Zip Code <u>Biloxi, MS 39530</u>		<u>1/1/10</u>	\$
Purpose of Disbursement (Optional) <u>Police Protection - Required</u>		Aggregate Year-to-date	\$ 120.00 <u>120.00</u>
D. Full name <u>Biloxi Fire Department</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>140 Lamouse ST</u>		<u>3/19/10</u>	\$ <u>60.00</u>
City, State, Zip Code <u>Biloxi, MS 39530</u>		<u>1/1/10</u>	\$
Purpose of Disbursement (Optional) <u>Fire Protection - Required</u>		Aggregate Year-to-date	\$ <u>60.00</u>
E. Full name <u>Shindigs</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>On Line: WWW.Shindigs.com</u>		<u>5/20/10</u>	\$ <u>207.00</u>
City, State, Zip Code <u>On Line</u>		<u>1/1/10</u>	\$
Purpose of Disbursement (Optional) <u>Printing on Mint Tins</u>		Aggregate Year-to-date	\$ <u>207.00</u>
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1/1/10</u>	\$
City, State, Zip Code		<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$